Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination	
Dist	DISTRICT COURT  The MOST DISTRICT COURT  Trict of  Division
Argela Clark  Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  -V-	Case No.  (to be filled in by the Clerk's Office)  Jury Trial: (check one) Yes No
UBS and HCL America  Defendant(s)  (Write the full name of each defendant who is being sued. If the	) ) ) )

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

with the full list of names.)

names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

## The Plaintiff(s) A.

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Angela Clark
Street Address	2006 O Morgan Kd
City and County	Joelton, FN 37080 Davidson
State and Zip Code	TN 37080
Telephone Number	512-633-1134
E-mail Address	acit professional@gmail.cm

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	UBS - He Department
Job or Title (if known)	315 Deaderick St St# 500 Amir H
Street Address	315 Deaderick St. St. #500
City and County	Nashville Davidson
State and Zip Code	TN 37238
Telephone Number	65750-800
E-mail Address (if known)	
Defendant No. 2	
Name	HCL America - HR Department
Job or Title (if known)	HR Department
Street Address	315 Deadench St. Sute #500
City and County	Nashville Davidson
State and Zip Code	TN 37238
Telephone Number	615-750-8000
E-mail Address (if known)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	•
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

# C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	HCL American (contractor) UBS (clust
Street Address	315 Deaderick St St. +500
City and County	Nashull, Davidson
State and Zip Code	TN 37238
Telephone Number	615-750-8000

## **II.** Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):

V	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
	(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
	(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)
	Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
	(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Other federal law (specify the federal law):
	Relevant state law (specify, if known): Rarrament bullying, karra
	Relevant city or county law (specify, if known):

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

$\Box$	Failure to hire me.
	Termination of my employment.
	Failure to promote me.
	Failure to accommodate my disability.
	Unequal terms and conditions of my employment.
	Retaliation.
	Other acts (specify):
	(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
It is my best	recollection that the alleged discriminatory acts occurred on date(s)
Jum	2016-2017 (October)
I believe that	defendant(s) (check one):
	is/are still committing these acts against me.
$\mathbf{T}$	is/are not still committing these acts against me.
Defendant(s)	discriminated against me based on my (check all that apply and explain):
	race
	color
V	religion female. He was biased + treated me definer than his male complete
	religion Than his male lange
	national origin
	age (year of birth) (only when asserting a claim of age discrimination.)
	disability or perceived disability (specify disability)

IV.	Ku Swa Owal I Del Exhaust	Motorul  Le woul  Le woul  Le woul  Le woul  Le woul  Le woul  As ad  your charge;  relevant state  mon of Federa  It is my best;  my Equal Em	recollection that I filed a charge with the Equal Employment Opportunity counselor regarding the defendant's alleged di	peny able to have  flew Llan will  gred for naveas.  tone me to  introduce me to  inge filed with the  better which  work load ne man  valenal to not will  nity Commission or
	B.	The Equal Er	nployment Opportunity Commission (check one):	. 0
			has not issued a Notice of Right to Sue letter.	Post marked
		lacksquare	issued a Notice of Right to Sue letter, which I received on (date)	March 20, 2019.
			(Note: Attach a copy of the Notice of Right to Sue letter from the Opportunity Commission to this complaint.)	Equal Employment & l  Maul 2
C. Only litigants alleging age discrimination must answer this question.		maice of		
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):			nity Commission
			60 days or more have elapsed.	
			less than 60 days have elapsed.	
v.	Relief			

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

loss of income X 1.5 yes ealay emotional destress / mental enquist departation damages forceful demination fremonal garsignment

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### VI. **Certification and Closing**

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

1... 10 2019

Date of signing: June 18, 2019	
Signature of Plaintiff ( )	
Printed Name of Plaintiff Angela Clark	
For Attorneys	
Date of signing:	
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	